TRANSMITTAL UNDER 37 CFR 1.53(b) TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 GELATIN COATED RECEIVER AS PROTEIN MICROARRAY SUBSTRATE First Named Inventor (or Application Identifier): Tiecheng A. Qiao, et al Enclosed are: 1. X Specification 2. Sheet(s) of drawing(s) 3. Information Disclosure Statement Under 37 CFR 1.97. 8. X Security of a priority 4a. X New Cunys (190.2.) 4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) 5b. Incomparation by Reference (useable if Box 4b is checked): The notive disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure or the seconspanying 13(b). 10. If a 111 a application prior to examination of the above-dentified application, see 37 CFR 1.63(d)(2) and 1.33(b). If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 11. Continuation Divisional Continuation-in-part (CIP) of prior application Nor., filed, entited. 12. X Please address all written communications to Paul A. Lepiold, Patent Legal Staff, Eastman Rodak Company, 343 State Street, Rochester, NY 14650-2201. The Single destands of the prior application of the prior application of the prior application Nor., 110 Continuation Divisional Continuation Paul CIP) of prior application Nor., 110 Continuation Street of the continuation Street of the continuation Nor., 110 Continuation St	UTILITY PATENT APPLICATION			ATTORNEY DOCKET 85505D-W			
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If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 11. Continuation Divisional Continuation-in-part (CIP) of prior application No: , 12. X Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Doreen M. Wells at (585) 588-2405. The filing fee has been calculated as shown below: FOR: NO. FILED NO. EXTRA RATE FEE BASIC FEE \$ 750 TOTAL CLAIMS 27 - 20 = 7 x 18 = \$ 126 INDEPENDENT CLAIMS 3 - 3 = 0 x 84 = \$ 0 MULTIPLE DEPENDENT CLAIM PRESENTED + 280 \$ 0 MULTIPLE DEPENDENT CLAIM PRESENTED + 280 \$ 876 X Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 876. A duplicate copy of this sheet is enclosed X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225. A duplicate copy of this sheet is enclosed. Doreen M. Wells/f-d Attorney for Applicants Telephone: (585) 588-2405 Registration No. 34,278		is made to and priori	ty claimed from	U.S. Provisional A	ppheation Serial No.,	•	
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